

SPECIAL AUTHORIZATION

Student: _____

Grade: _____

SPECIAL AUTHORIZATION GIVEN TO:

Name: _____

Relationship: _____

Primary Phone #: _____ Secondary Phone #: _____

EFFECTIVE FOR:

Dismissals

Excuses

Emergency

LEGAL GUARDIAN SIGNATURE

DATE

BEGIN DATE: _____

**** IF ANY OF THESE AUTHORIZATIONS CHANGE, PLEASE NOTIFY THE SCHOOL IMMEDIATELY****

Please return this form to the Main Office

Melissa Mowrey, Principal

Date